Meeting Summary

eHealth Technical Advisory Committee
March 9, 2010 12:00-1:30PM

Summary of Key Questions/Issues/Decision Points:

- The 2/23 and 3/2 meeting summaries have been approved.
- The group discussed the merit of basing the technical infrastructure on the NHIN specifications to enable the meaningful use function of exchanging key clinical information. Advantages include leveraging existing work, potential for consolidating the marketplace around a single set of standards, and alignment with an effort that has substantial support by federal agencies. However, if this approach is taken, services would need to be developed to give smaller entities a mechanism through which to access the NHIN. Also, there are concerns about whether NHIN will be ready in time for providers to meet meaningful use timelines. In addition, there are unanswered questions about the implications of the recently announced NHIN Direct, which represents a very different approach to HIE that is geared towards helping smaller providers to achieve meaningful use.

Next Steps

- Task groups will aim to complete their spreadsheets by 3/12 for approval at the 3/16 meeting.
- Scott Whyte will continue to collect input from the TAC membership for inclusion in a memo that will be sent to CalPSAB.
- Outstanding issues related to comments received about the technical infrastructure will be discussed at the HIE Summit Meeting on 3/11.
- The next TAC meeting is scheduled for 3/16.

Detailed Summary

Approval of Meeting Summaries

There being no questions or comments about the 2/23 and 3/2 meeting summaries, Lucia Savage motioned and Rama Khalsa seconded that the summaries be approved. There being no objections, the summaries of the 2/23 and 3/2 meetings were approved.

HIE Summit Meeting

The group briefly discussed the upcoming Summit Meeting on 3/11 in Santa Ana.

- The overall goal of the HIE Summit Meeting is to provide an opportunity to gather public feedback from engaged stakeholders and to discuss any issues of the draft Operational Plan that need to be resolved.
- There will be two working sessions for workgroups to resolve open issues pertaining to the operational plan. It was noted that because of logistics, the two breakout sessions will not have coverage by webcast or phone.
    - In the AM session, the Technical and Finance Committees will be meeting in different parts of the same auditorium so that interaction between the two groups will be possible if deemed necessary.
    - The PM session will come after the various workgroups have made their presentations and gathered feedback from the audience. This session will provide an opportunity for

workgroups to work through issues as needed, including those that have arisen during the course of the day.

- Based on comments posted on the wiki, the following list of open issues pertaining to the technical architecture have been identified and may be discussed at the meeting (with the relevant work group or entity designated in "[ ]" brackets):
    - Right set of CS-HIE Services
        - "Secure messaging"? [Patient Engagement]
        - "Statewide Scheduling System for Referrals"? [Vulnerable and Underserved]
        - "Lab Translation" allowed? [CHHSA Legal and Policy]
    - Sustainability of CS-HIE Services [Finance]
    - Budgeting for CS-HIE Services [Finance]
    - Operational Issues
        - Should entries in Entity Registry Service be voluntary? [HIE-GE]
        - Who/what will manage provisioning of entities in Entity Registry Service? [HIE-GE]
    - Implications of Opt-in vs. Opt-out [CalPSAB]
    - HIE Resource Development: "Decentralized" vs. "Mixed Model" [Finance]
        - Note: the Finance Committee was originally operating under the assumption of a decentralized model of HIE, which did not include the development of shared services. Recently, Finance has come to understand and acknowledge the value of the mixed model of HIE that TAC/TWG has taken. This issue being resolved, there will not be a need to discuss this further at the Summit Meeting.

<u>Designation of Governance Entity</u>

Designation of the Governance Entity having recently been announced, Jonah provided the following additional information:

- Nine of the initial board members have been seated. Some of them will be introduced at the Summit Meeting. Their role at the meeting will be to listen to feedback regarding the operational plan and to describe the role of Cal eConnect moving forward to refine and implement the operational plan.
- The interim board members who have been seated are: David Lansky, Don Crane, Bill Beighe, Ron Jimenez, Marge Ginsberg, Howard Kahn, David Joyner, Tom Priselac, and Brennan Cassidy. CHHS is awaiting confirmation of a tenth board member, who will be from a community clinic.
- The executive committee will be formed by some members of the board, who will manage the GE until a CEO and staff are put into place. This transitional period is expected to last approximately 90 days, and will be funded by a grant from CHHS for Cal eConnect to establish the board and bylaws, hire a CEO, create policy/procedures necessary to issue grants and procurements, develop the requirements for such activities, and secure the approval of ONC for carrying out its activities.

<u>Updates from Task Groups</u>

Eligibility Determination

- Lucia Savage reported that the task group met on Friday, 3/6, and will meet again in the next few days. The group has been doing research and testing of assumptions about what information is needed by different parties, and how this will impact requirements. For example, the group is examining the needs of medical groups vs. individual physicians, and analyzing these against demographic information across the state.

- The pre-defined categories in the business requirements spreadsheet template do not appear to be entirely relevant to the current analysis. The spreadsheet will be filled out according to what the task group feels is most appropriate.
- Lucia asked for email feedback from TAC members about the longer term necessity of having a single source of truth about the identity of patients to meet Stage 2 meaningful use criteria and to enable exchange of clinical information. Discussion of this by the group yielded the following main points:
    - The question being raised does not pertain to the task group's assigned focus on eligibility determination, but rather is meant to understand the long-term business requirements of HIE, including clinical and lab data exchange.
    - As discussed in other meetings, there is universal agreement within TAC that some means to identify patients is required. However, what remains an open question is the mechanism by which this will be accomplished. Asking whether a "single source of truth" for patient identity is required seems to suggest a centralized solution for patient-identity management. However, there has been no agreement within the TAC about whether such a solution will be required (as opposed to a more decentralized or use-case-specific mechanism).

Lab Results Reporting
Jonah Frohlich reported that this task group is unable to meet until next week as a result of scheduling conflicts. He anticipates participation by 5-6 people.

Exchange of Key Clinical Information
There being no leader in place for this task group, Laura Landry and Wayne Sass asked John Mattison to help facilitate discussion of business requirements for clinical information exchange during the call.

John suggested as a starting assumption that the state HIE infrastructure, in general, be closely aligned with the infrastructure of the NHIN. He asserted that this would be the most expedient and cost-effective approach to take, and is the approach that North Carolina is taking. Assuming this, additional services would then be developed to cover any gaps in the NHIN approach. Since the NHIN is designed to cover the exchange of all data types among all entities who have signed the DURSA, the key question becomes how to extend access to small organizations (since NHIN was specifically designed to enable exchange between large organizations). John suggested that additional services would then be directed at aggregating smaller entities in some way so that they can access the NHIN. These services would include:

- Services to facilitate connecting small organizations to existing HIOs, e.g. LBNH, Redwood MedNet, Santa Cruz, etc.
    - This could entail the RECs requiring EHR vendors to provide an adapter to the NHIN with their products in order to be a REC-approved solution. Funds from the Cooperative Shared HIE Agreement Program would be used for implementation of this approach, including education of providers about the advantages of using a product with built-in NHIN support.
    - Laura Landry stated that in support of this approach, the REC operated by LA Care will be requiring all REC-certified EHRs to provide a connection to LBNH.
    - Jonah explained that the state HIE strategic plan recommends that the Governance Entity approve a single set of standards for HIE that are conformant with federal and/or state (in absence of federal) standards. Any entity (including HIOs and RECs) that accepts funding through the GE will need to agree to conform to the approved

standards. RECs will use support of these standards as requirements for certification of EHR vendors.

- Services to reach the "white space" of providers who are not served by existing HIOs. (No specifics were discussed.)

The following comments were made by meeting participants:

- Support
  - Laura Landry added that there is strong support for the NHIN among organizations at the federal level, including the VA, DoD, SSA, IHS, and CMS, which will also drive adoption of the NHIN.
- Concerns/Questions
  - Ray Otake was fully supportive of this approach, but voiced his concern that vendors have not yet made moves to support NHIN standards according to recent conversations that he had at HIMSS. John Mattison replied that the decisions of states to require conformance with the NHIN would create the demand that aligns business incentives such that the vendors would most certainly move to support NHIN.
  - Walter raised the issue of the recent announcement of NHIN Direct, and how this development may impact the preceding discussion. Tim Andrews reported that based on recent discussions with ONC, NHIN Direct represents an entirely different point-to-point approach to HIE for the purposes of achieving Stage 1 Meaningful Use, and will likely lead to a separate set of standards. The goal is to release these standards in the next two months. The rationale at ONC behind NHIN Direct is the feeling that NHIN will not be ready in time for meaningful use, nor will there be enough time to build HIOs for providers to integrate with in order to meet meaningful use.
  - Jonah stated that based on discussions within the NHIN workgroups and at ONC, there might be the possibility of coordinating development efforts such that the provider directory infrastructure to be developed in California could be used to enable NHIN within the state. He wondered whether this would still be the case given the emergence of NHIN Direct. Tim Andrews replied that ONC has not yet gone beyond recognizing the need for provider directories to enable transactions via NHIN.
  - Walter mentioned the concern of ONC that is motivating the work on NHIN Direct, i.e., that the "NHIN Classic" infrastructure would not be available in time to help many providers meet the meaningful use criteria for 2011. John Mattison asserted that the meaningful use criteria will need to be adjusted in response to the large number of comments received that the proposed timelines are unrealistic, so the ultimate timeline for meeting the meaningful use criteria may be longer.
- Suggestions
  - John Mattison suggested to Jonah that he propose to ONC that an observer/participant be assigned to attend deliberations on the design of the provider directory for coordination and communication purposes. This would help ensure that the state provider directory is as compliant as possible with NHIN, as well as allow California to inform the direction of NHIN with respect to provider directories. Jonah agreed with the value of such an arrangement.

Next Steps

- The initial timeline was for task groups to complete their spreadsheets by 3/12 for approval at the 3/16 meeting. This will now likely need to be adjusted, given the current status of work.

- Information about the identified business requirements will be shared with TWG as it becomes available.

Operational Plan Next Steps

The Operational Plan public comment period ends 3/22. Co-chairs and staff will process the comments received by the 3/23 TAC meeting so that any outstanding issues can be resolved by TAC as needed. The Operational Plan will be locked from further edits by 3/26, so that the final plan can be prepared for submission to ONC on 3/31. It is expected that, subsequent to 3/31, the Operational Plan will undergo further review and refinement by the executive committee of Cal eConnect in conjunction with CHHS.

Members Present

Name	Title and Organization
Zan Calhoun	CIO, Healthcare Partners
Rim Cothren	TWG Liaison
Jonah Frohlich	Deputy Secretary of Health IT, CHHSA
Jeff Guterman	Medical Director, LA County Dept. of Health Services
Terri Hearn	National Manager for Health Information Technologies, Wellpoint
Ron Jimenez	Associate Medical Director, Clinical Informatics, Santa Clara Valley Health & Hospital System
Scott Joslyn	CIO, Memorial Care
Rama Khalsa	Health Director, County of Santa Cruz
Laura Landry	Executive Director, Long Beach Network for Health
Ronald Leeruangsri	County of Los Angeles Chief Executive Office
Mason Matthews	County of Los Angeles Chief Executive Office
John Mattison	CMIO, Southern California Region Kaiser Permanente
Michael Minear	CIO, UC Davis Health System
Glen Moy	Sr. Program Officer, California Health Care Foundation
Ray Otake	CIO, Community Health Center Network
Ray Parris	CIO, Golden Valley Health Center
Wayne Sass	CIO and Privacy Officer, Nautilus Healthcare Management Group
Lucia Savage	Assoc. General Counsel, United Health Care
Linette Scott	Deputy Director, Department of Public Health
Terri Shaw	Deputy Director, Children's Partnership
Bill Spooner	CIO, Sharp Healthcare
Scott Whyte	Sr. Director for Physician and Ambulatory IT Strategy, Catholic Healthcare West

Staff Present

Name
Walter Sujansky
Tim Andrews
Peter Hung
Joseph Ray